COMMISSION ON AGING AND DISABILITY SERVICES

Wednesday, December 11, 2018

MaryAnn Miller called the Commission on Aging and Disability Services meeting to order at 9:00 am

- -

Roll Call
Dianne Birkholz, Judy Braun, William Hoekstra, Shirley Kitchen, MaryAnn Miller, Lorna Negen

Also Present
Sheila Drays, Amy Ewerdt, Amanda Higgins, Kris Schefft, Jackie Wendlandt, Janet Zander

Excused
Jody Langfeldt, Judy Patenaude, Gary Schmidt

Absent
None

Roll Call and Non-Committee Member County Board Supervisors in Attendance
Roll call and introductions commenced.

Action on the Minutes of the October 2, 2018 meeting
Shirley Kitchen motioned and Lorna Negen seconded to approve the minutes of the October 2, 2018 meeting as presented. Motion carried.

Aging/Nutrition/Transportation Supervisor's Report
Amy stated the home delivered route in Beaver Dam is growing. It is currently at 21 participants. Amy wishes to make two routes in Beaver Dam as well as in Hustisford to lessen the time for each route to be completed in hopes to maintain warmer food temperatures. Car bags were purchased in the attempt to maintain food temperatures from the time they leave the dining center to the time the last meal is delivered on the route. The plan is to order bags for all dining centers. There have been some issues with the plugs but replacements have not cost the program anything.
Budget Report for 2019 – Amy stated the state of Wisconsin is giving more funding to the Senior Dining Program in 2019.
Amy stated that all dining center managers including herself attended the yearly manager training in Sun Prairie on September 26, 2018.
The Randolph congregate dining center was closed for about a week in October while the apartment complex dealt with fleas in the building. All home delivered participants were served through the WaterMark in Beaver Dam.
The Senior Dining Program received notice from Marquardt Village that they no longer will be contracting with us in 2019. Amy is actively looking for a different congregate site in Watertown.
Amy is getting ready to submit the 85.21 Specialized Transportation Assistance Grant by the end of the week.
Dodge County Transportation has ordered a new minivan to replace the one in the accident. It is expected to arrive in a few weeks.

Dementia Updates

Kris stated there were about 150 attendees at the Caregiving Conference held here at the Henry Dodge Office Building on October 25. It was a great conference with various speakers. Next year's conference is set for October 17, 2019.

Rob Griesel, our Dementia Care Specialist, has been involved in hosting Dementia Live experiences throughout Dodge County. There have been numerous demonstrations at Horicon Library, Columbus Senior Center, and Quad Graphics Library. Participants that attend Dementia Live gain a heightened awareness of the challenges faced by those who live with dementia.

Dementia Friendly Dodge (DFD) is a newly created organization to focus on dementia awareness in Dodge County.

Kris stated the Dementia Crisis Grant has funded numerous projects and trainings throughout the year. It has also allowed our Caregiver Coordinator and Dementia Care Specialist to purchase items/fidgets/tools that are available for loan out to help support those with dementia and their caregivers. Things such as window/door alarms, locking systems, auto pill reminders and dispensers, sensory/fidget toys, brain games, etc.

The grant has allowed an opportunity to host a Respite Day on 12/5 at the TAG Center in Mayville for caregivers and their loved ones as well as a Christmas Party for care partners and recipients at Audubon Inn in Mayville on 12/18.

Elder Benefit Specialist

Amanda Higgins, Elder Benefit Specialist, stated the Annual Enrollment Period (AEP) ended on December 7. Amanda stated she is still totaling but so far she has had contact with over 120 people that needed assistance with their plans. There are 29 new supplement plans for 2019 as well as 19 new drug plans. The Medicare Advantage Enrollment Period runs from 1/1 to 3/31. The 2019 Welcome to Medicare Workshop schedule is complete a. Five of these classes will be joint with Ashley, our Disability Benefit Specialist, to allow people of any age to attend.

Medicaid Basics

Ashley Sanborn, Disability Benefit Specialist, generally spoke about Medicare savings programs such as QMB (covers Medicare Part B premiums and co-pays), SLMB (two types – SLMB and SLMB+ which is a higher income level), Low Income Subsidy (LIS - for Medicare Part D costs), SeniorCare (Medicare Part D assistance program), and Medicaid. The Medicare Savings Program brochure was provided for all members of this commission. Ashley also stated that there was a big glitch with letters the Capital Consortium mailed out to individuals stating they were being kicked out of their Medicare savings plan by error. Topics to cover in more detail for future meetings will be regarding Family Care, Medicaid, and spousal impoverishment. Medicaid is a big topic so breaking that out into sub topics like a general overview and the functional piece of Medicaid would be helpful. Perhaps our Economic Support staff can come to a future meeting to present this information.

Disability Services

Ashley Sanborn, Disability Benefit Specialist, states that there will be collaboration with Division of Vocational Rehab (DVR) and Access to Independence (ATI) to improve the transition process. Vicki Zimmerman, ADR Specialist, and Ashley will be going to schools throughout Dodge County to find children in the transitional period (17½ years of age) to start the benefit eligibility process before they turn 18 as they are more likely eligible for benefits. Usually once a child reaches 18 the benefits change to adult criteria.

ADRC/Aging Supervisor's Report
September and October 2018 call statistics provided for members were reviewed and briefly discussed. Kris also reviewed the *ALICE in Dodge County* report from United Way and the *2018 Customer Satisfaction Report*.
Janet Zander, CSW, MPA, from Greater Wisconsin Agency on Aging Resources (GWAAR) presented to the members of this coalition on the importance of advocating for those who cannot do so for themselves as well as educating them to make their own informed decisions. PowerPoint and discussion ensued.

Future Agenda Items
Opportunity to request topics of discussion for future meetings. MaryAnn Miller requested an updated membership list including phone numbers and emails as well as Janet Zander's contact information.

Next Meeting
The next meeting of the Commission on Aging and Disability Services will be held on **Tuesdays, February 12, April 9, June 11, August 13, October 8, and December 10** at **9:00 am** in **room G046** on the **ground floor** of the Henry Dodge Office Building.

Adjournment
William Hoekstra motioned and Shirley Kitchen seconded to adjourn this meeting of the Commission on Aging and Disability Services at 10:30 am. Motion carried.

Respectfully Submitted,

_____
Judy Braun, Secretary

Disclaimer: The above minutes may be approved, amended, or corrected at the next committee meeting.

Dodge County

alzheimer's association®

OUR MISSION: To eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

% Medicare beneficiaries with Alzheimer's / Dementia Diagnosis:

6.6%

Estimated Population with Alzheimer's / Dementia in 2020:

1,974

Estimated Population with Alzheimer's / Dementia in 2040:

3,648

Alzheimer's Association assistance in Wisconsin:

The number of Wisconsin chapter network service contacts in 2018: **238,555**

Families can access our care and support services an unlimited number of times over their entire Alzheimer's journey by participating in support groups, education programs, calling the 24/7 Helpline, care consultations, safety services and accessing the care and support pages on our website.

alz.org | 24/7 Helpline 800.272.3900

EBS Program Statistics

Call Date On or After : **10-01-2018**
Call Date On or Before : **10-31-2018**

Topic(s) : **(Any)**
Primary Care Manager(s) : **(Any)**
Provider(s) : **(Any)**
Client's Residential County(ies) : **(Any)**

REPORT DESCRIPTION

This report provides a statistical analysis of elder benefit specialist (EBS) program services, as reported in the Social Assistance Management System (SAMS) database. The report focuses on legal and benefits-related assistance or "cases." It excludes general information and referral contacts, as well as public and media outreach activities. Analyses of general information and referral contacts and outreach activities are available in separate reports.

CLIENT

A client is defined as a person who had one or more contacts related to a case during the reporting period. A new client is defined as a person whose earliest recorded contact involving legal or benefits-related assistance falls within the reporting period. (NOTE: Services recorded prior to the adoption of SAMS-IR in June 2016 are excluded. Therefore, a returning client whose previous EBS services were recorded prior to June 2016 will be counted as a "new client" the first time a call record is created for a contact in SAMS-IR.)

CASE

A case is defined as an issue that the benefit specialist helped a client to resolve. Multiple cases may be associated with a single client. A case is regarded as opened when an EBS records the first contact related to an issue. A case is regarded as closed when the last contact related to the issue includes an outcome. A carryover case is a case that was opened prior to the start of the reporting period. A case is regarded as remaining open if it lacks an outcome as of the last day of the reporting period.

CLIENT CHARACTERISTICS

This report looks at demographic characteristics for all clients who had one or more contacts related to a case during the reporting period.

MONETARY IMPACT

Monetary impact, recorded at time of case closure, is the estimated value of any benefits that a benefit specialist helped a client to obtain or preserve. This report looks at monetary impact for all cases closed during the reporting period.

CLOSED CASES BY OUTCOME

An outcome is recorded for each case at the time of closure. This report looks at outcomes for all cases closed during the reporting period.

CLOSED CASES BY TOPIC GROUP

All cases are categorized by topic. This report looks at broad topic groups for all cases closed during the reporting period. A more detailed breakdown of case topics is available in a separate report.

EBS Program Statistics

Call Date On or After : **10-01-2018**
Call Date On or Before : **10-31-2018**

Topic(s) : **(Any)**
Primary Care Manager(s) : **(Any)**
Provider(s) : **(Any)**
Client's Residential County(ies) : **(Any)**

CLIENTS AND CASES

Total Unduplicated Clients :	64	Carryover Cases :	74
New Clients :	20	Cases Opened :	107
		Cases Closed :	94
Total Hours Spent on Legal/Benefits Assistance :	75	Cases Remaining Open :	87

CLIENT CHARACTERISTICS

Age Group	Client Count	%
0-59 :	0	0.0 %
60-69 :	26	40.6 %
70-79 :	19	29.7 %
80-89 :	16	25.0 %
90-99 :	3	4.7 %
100+ :	0	0.0 %
Unknown :	0	0.0 %

Rural Status		
Is Rural :	39	60.9 %
Is Not Rural :	25	39.1 %
Unknown :	0	0.0 %

Gender		
Female :	45	70.3 %
Male :	19	29.7 %
Unknown :	0	0.0 %

Lives Alone Status	Client Count	%
Lives Alone :	34	53.1 %
Does Not Live Alone :	30	46.9 %
Unknown :	0	0.0 %

Race	Client Count	%
American Indian/Native Alaskan :	0	0.0 %
Asian :	0	0.0 %
Black/African American :	0	0.0 %
Native Hawaiian/Other Pacific Islander :	1	1.6 %
Non-Minority (White, non-Hispanic) :	63	98.4 %
White-Hispanic :	0	0.0 %
Other :	0	0.0 %
Missing/Unknown :	0	0.0 %

Income Status		
At or Below 100% of the FPL :	21	32.8 %
Above 100% of the FPL :	43	67.2 %
Unknown :	0	0.0 %

MONETARY IMPACT

	Dollars	%
Federal Funds :	$ 163,340	95.2 %
State Funds :	$ 1,350	0.8 %
Other Funding Sources :	$ 6,931	4.0 %
GRAND TOTAL :	**$ 171,621**	

EBS Program Statistics

Call Date On or After : **10-01-2018**
Call Date On or Before : **10-31-2018**

Topic(s) : **(Any)**
Primary Care Manager(s) : **(Any)**
Provider(s) : **(Any)**
Client's Residential County(ies) : **(Any)**

CLOSED CASES BY OUTCOME

Topic Outcome	# of Cases	% of Cases
01a-Advice/Brief Service	49	52.1 %
01b-Advice/Extended Service	8	8.5 %
02-Insufficient Merit to Proceed	1	1.1 %
03-Medical Paperwork/Claims Assistance Provided	0	0.0 %
04-Documents Completed/Successful Outcome	0	0.0 %
05-Documents Completed/Unsuccessful Outcome	0	0.0 %
06-Appropriate Action Taken/Successful Outcome	0	0.0 %
07-Appropriate Action Taken/Unsuccessful Outcome	0	0.0 %
08-Approved at Application or Renewal	30	31.9 %
09-Denied at Application or Renewal/Not Appealed	0	0.0 %
10-Approved at Reconsideration	0	0.0 %
11-Denied at Reconsideration/Not Appealed	0	0.0 %
12-Approved at ALJ/Fair Hearing	0	0.0 %
13-Denied at ALJ/Fair Hearing/Not Appealed	0	0.0 %
14-Settlement Negotiated without Litigation	0	0.0 %
15-Referral to Legal Services Corporation	0	0.0 %
16-Referral to Private Attorney, Pro Bono	6	6.4 %
17-Referral to Private Attorney, Non Pro Bono	0	0.0 %
19-Client Withdrew/Lack of Contact	0	0.0 %
20-Client Left Geographic Service Area	0	0.0 %
21-Client Died	0	0.0 %

CLOSED CASES BY TOPIC GROUP

Topic Group	# of Cases	% of Cases
A - Health Insurance Benefits	73	77.7 %
B - Income Benefits (Cash/In-kind)	13	13.8 %
C - Community Services and Supports	1	1.1 %
D - Housing and Utilities	1	1.1 %
E - Consumer Issues	3	3.2 %
F - Surrogate Decision Making	2	2.1 %
G - Civil Rights	0	0.0 %
H - Other	1	1.1 %

EBS Program Statistics

Call Date On or After : **11-01-2018**
Call Date On or Before : **11-30-2018**

Topic(s) : **(Any)**
Primary Care Manager(s) : **(Any)**
Provider(s) : **(Any)**
Client's Residential County(ies) : **(Any)**

REPORT DESCRIPTION

This report provides a statistical analysis of elder benefit specialist (EBS) program services, as reported in the Social Assistance Management System (SAMS) database. The report focuses on legal and benefits-related assistance or "cases." It excludes general information and referral contacts, as well as public and media outreach activities. Analyses of general information and referral contacts and outreach activities are available in separate reports.

CLIENT

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CASE

A case is defined as an issue that the benefit specialist helped a client to resolve. Multiple cases may be associated with a single client. A case is regarded as opened when an EBS records the first contact related to an issue. A case is regarded as closed when the last contact related to the issue includes an outcome. A carryover case is a case that was opened prior to the start of the reporting period. A case is regarded as remaining open if it lacks an outcome as of the last day of the reporting period.

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CLOSED CASES BY TOPIC GROUP

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EBS Program Statistics

Call Date On or After : **11-01-2018**
Call Date On or Before : **11-30-2018**

Topic(s) : **(Any)**
Primary Care Manager(s) : **(Any)**
Provider(s) : **(Any)**
Client's Residential County(ies) : **(Any)**

CLIENTS AND CASES

Total Unduplicated Clients :	93	Carryover Cases :	87
New Clients :	29	Cases Opened :	92
		Cases Closed :	73
Total Hours Spent on Legal/Benefits Assistance :	103	Cases Remaining Open :	106

CLIENT CHARACTERISTICS

Age Group	Client Count	%
0-59 :	0	0.0 %
60-69 :	34	36.6 %
70-79 :	41	44.1 %
80-89 :	14	15.1 %
90-99 :	4	4.3 %
100+ :	0	0.0 %
Unknown :	0	0.0 %

Lives Alone Status	Client Count	%
Lives Alone :	39	41.9 %
Does Not Live Alone :	54	58.1 %
Unknown :	0	0.0 %

Race

Race	Client Count	%
American Indian/Native Alaskan :	0	0.0 %
Asian :	0	0.0 %
Black/African American :	0	0.0 %
Native Hawaiian/Other Pacific Islander :	0	0.0 %
Non-Minority (White, non-Hispanic) :	91	97.8 %
White-Hispanic :	2	2.2 %
Other :	0	0.0 %
Missing/Unknown :	0	0.0 %

Rural Status

Rural Status		%
Is Rural :	63	67.7 %
Is Not Rural :	30	32.3 %
Unknown :	0	0.0 %

Gender

Gender		%
Female :	52	55.9 %
Male :	41	44.1 %
Unknown :	0	0.0 %

Income Status

Income Status		%
At or Below 100% of the FPL :	29	31.2 %
Above 100% of the FPL :	64	68.8 %
Unknown :	0	0.0 %

MONETARY IMPACT

	Dollars	%
Federal Funds :	$ 261,499	97.8 %
State Funds :	$ 440	0.2 %
Other Funding Sources :	$ 5,578	2.1 %
GRAND TOTAL :	**$ 267,517**	

EBS Program Statistics

Call Date On or After : **11-01-2018**
Call Date On or Before : **11-30-2018**

Topic(s) : **(Any)**
Primary Care Manager(s) : **(Any)**
Provider(s) : **(Any)**
Client's Residential County(ies) : **(Any)**

CLOSED CASES BY OUTCOME

Topic Outcome	# of Cases	% of Cases
01a-Advice/Brief Service	13	17.8 %
01b-Advice/Extended Service	1	1.4 %
02-Insufficient Merit to Proceed	0	0.0 %
03-Medical Paperwork/Claims Assistance Provided	0	0.0 %
04-Documents Completed/Successful Outcome	0	0.0 %
05-Documents Completed/Unsuccessful Outcome	0	0.0 %
06-Appropriate Action Taken/Successful Outcome	0	0.0 %
07-Appropriate Action Taken/Unsuccessful Outcome	0	0.0 %
08-Approved at Application or Renewal	55	75.3 %
09-Denied at Application or Renewal/Not Appealed	0	0.0 %
10-Approved at Reconsideration	0	0.0 %
11-Denied at Reconsideration/Not Appealed	0	0.0 %
12-Approved at ALJ/Fair Hearing	0	0.0 %
13-Denied at ALJ/Fair Hearing/Not Appealed	0	0.0 %
14-Settlement Negotiated without Litigation	0	0.0 %
15-Referral to Legal Services Corporation	0	0.0 %
16-Referral to Private Attorney, Pro Bono	3	4.1 %
17-Referral to Private Attorney, Non Pro Bono	0	0.0 %
19-Client Withdrew/Lack of Contact	1	1.4 %
20-Client Left Geographic Service Area	0	0.0 %
21-Client Died	0	0.0 %

CLOSED CASES BY TOPIC GROUP

Topic Group	# of Cases	% of Cases
A - Health Insurance Benefits	66	90.4 %
B - Income Benefits (Cash/In-kind)	4	5.5 %
C - Community Services and Supports	0	0.0 %
D - Housing and Utilities	0	0.0 %
E - Consumer Issues	1	1.4 %
F - Surrogate Decision Making	2	2.7 %
G - Civil Rights	0	0.0 %
H - Other	0	0.0 %

SMP Volunteer Roles

Purpose of roles are to assist in spreading the mission and vision of SMP in Wisconsin. All current roles designated supervisor is Micaela Magel, SMP Outreach and Volunteer Coordinator. The worksite location is to be announced based on event, generally outside of the GWAAR office.

Required Trainings for all roles
- SMP and GWAAR Orientation Training (In-Person)
- Self-Directed Online Training SMP Foundations Training
- Completing additional trainings as necessary

Benefits of servings as an SMP Volunteer
The SMP program offers volunteers an opportunity to make an important difference in their communities. Volunteers take pride in working to ensure that the Medicare program will be protected for future generations. Volunteers will have access to professional development opportunities, a strong network of aging and disability professionals, and chances to enhance interpersonal skills.

Time Commitment
SMP Volunteers will have some flexibility in time. While we do not request a specific monthly or hourly time commitment, we do ask that the volunteers be willing to commit at least a year due to the amount of training required.

Reporting
Volunteers will report directly to the SMP Outreach and Volunteer Coordinator, Micaela Magel, unless otherwise stated. All SMP Volunteers are required to provide appropriate and truthful activity reports.

Qualifications
- Commitment to the SMP mission and values
- Willingness and ability to learn about the Medicare program and SMP related issues
- Ability to work with people of diverse backgrounds
- Willingness and ability to travel to presentations

Responsibilities and Requirements
- Professional manner in representation and spreading the SMP mission
- Complete all required orientation and trainings, including continued education
- Transport and spread the SMP message through the agreed upon role
- Valid driver's license and up to date auto insurance if driving; annual verification necessary
- Consent to a criminal and personal background check once every five years
- All SMP Volunteers are required to provide appropriate and truthful activity reports.

Current SMP volunteer roles include:

- **Information distributor**: This role involves transporting and disseminating information materials to sites and events, and may include presenting prepared copy or performing scripted activities for small groups. Volunteers who work in this role do not engage in discussions with others about personal information or situations. It is not considered to be a position of trust.

- **Exhibitor**: This role involves staffing information kiosks or exhibits at events such as health fairs. Volunteers who staff exhibits provide general information about the program to the public and answer basic questions. It is a position of trust.

- **Presenter**: This role involves giving substantive presentations to small and large groups, with the opportunity for interaction with the audience during time set aside for Q & A and discussion. It is a position of trust.

Future Roles

- **Administrative support**: (Future Role) This role involves such work as copying, filing, data entry, and placing outbound phone calls in support of program activity. Volunteers who work in this role do not take inbound phone calls or field questions from the public. It is not considered to be a position of trust.

- **Counselor**: (Future Role) This role involves direct discussion with beneficiaries, caregivers, and/or family members about their individual situations and may include review of personal information such as Medicare Summary Notices, billing statements, and other related financial and health documents. It is a position of trust.

- **Complex interactions specialist**: (Future Role) This role involves in-depth, complex interactions with beneficiaries, caregivers, and/or family members who are reporting specific instances of health care fraud, errors, and abuse. Volunteers who serve in this role may act on behalf of a beneficiary to correct an error or refer suspected fraud and abuse to appropriate authorities. It is a position of trust.

*Position of Trust is defined as any role that involves access to at least one of: beneficiaries or other vulnerable people, such as family members, personal or confidential information, money or other valuables. Positions of trust are subject to significantly more rigorous screening inquiries

October 2018 *Wisconsin Senior Medicare Patrol reserves the right to change or update these role descriptions and responsibilities as necessary. This is used for illustrative purposes only.*

2

To apply for the Medicare Savings Programs, go to:

www.access.wisconsin.gov

OR

Call the Capital Consortium:

1-888-794-5556

To apply for Low Income Subsidy (Extra Help), go to:

www.socialsecurity.gov

OR

Call the local Social Security office at

888-717-1526

To apply for SeniorCare, print off an application at:

www.dhs.wi.gov/seniorcare

If you feel you need assistance with applying for any of these programs, contact the Dodge County Aging and Disability Resource Center (ADRC) of Dodge County.

ADRC
Aging & Disability Resource Center of Dodge County

Contact

Phone:

920-386-3580
800-924-6407

Email:

hsagingunit@co.dodge.wi.us

Fax:

920-386-4015

Office Hours

Monday - Friday
8 - 4:30 pm
or by Appointment

Address

Henry Dodge Office Building
199 County Road DF – 3rd floor
Juneau, Wisconsin 53039

ADRC

Find us on Facebook
Dodge County ADRC

Updated 2/14/19 JW

MEDICARE SAVINGS PROGRAMS

Medicare Savings Plan (MSP)

Low Income Subsidy (Extra Help)

SeniorCare

www.co.dodge.wi.gov

Medicare Savings Plan (MSP)

The MSP offers assistance for individuals on Medicare with limited income. The State of Wisconsin may pay your Medicare Part B premium, a potential savings of over $1,626 per person per year.

To qualify…

For an Individual:

- Have gross monthly income below $1,405.12

    AND

- Have assets below $7,730

For a Couple:

- Have gross monthly income is below $1,902.38

    AND

- Have assets below $11,600

WISCONSIN 1848

Low Income Subsidy "Extra Help"

A benefit program that could assist by paying some or all of your prescription medication cost and give protection from the Medicare Part D coverage gap or "doughnut hole."

To qualify…

For an Individual:

- Have gross monthly income below $1,561.25

    AND

- Have assets below $7,730
    *with some exceptions

For a Couple:

- Have gross monthly income below $2,113.76

    AND

- Have assets below $11,600
    *with some exceptions

SeniorCare

A prescription drug assistance program.

To qualify…

- 65 or more years old
- Wisconsin resident
- Pay a $30 annual enrollment fee
- US citizen or qualifying immigrant

Income and assets are not used to determine eligibility.

The annual out-of-pocket expense is based on your yearly income.

It is considered creditable coverage. It can be used with a Medicare Part D plan to fill some of the coverage gap or "doughnut hole."

SENIORCARE Rx
Prescription Drugs for Wisconsin Seniors ®

Please note, all figures are updated yearly.

SENIORCARE®

Prescription Drugs for Wisconsin Seniors

What is SeniorCare?

SeniorCare is a prescription drug assistance program for Wisconsin residents who are 65 years of age or older and meet the enrollment requirements. The program is designed to help seniors with their prescription drug costs.

Who can enroll in SeniorCare?

To enroll in SeniorCare you must be:
- A Wisconsin resident.
- A U.S. citizen or have qualifying immigrant status.
- 65 years of age or older.

How can I apply for SeniorCare?

To apply for SeniorCare, request an application from the SeniorCare Customer Service hotline at 800-657-2038 or print one at www.dhs.wisconsin.gov/seniorcare. On the application, you will need to provide your Social Security number. You will also have to pay a $30 annual enrollment fee per person.

When can I apply?

The earliest you can apply is during the calendar month of your 65th birthday. If you are already age 65 or older, you can apply at any time. Your benefits will begin in the month after you apply.

How much will SeniorCare cover?

Your annual income determines your level of coverage in SeniorCare and how much SeniorCare will cover. See the table on the following page for out-of-pocket expenses and benefits for each level of participation.

What prescriptions are covered by SeniorCare?

SeniorCare covers most generic and brand name prescription drugs and over-the-counter insulin; coverage may vary based on the level of benefits you have. Reimbursement for most drugs is limited to a 34-day supply. Some maintenance drugs may be provided in a three-month supply.

What if I have other prescription drug coverage?

If you already have prescription drug coverage under another health insurance plan, you are still eligible to enroll in SeniorCare. SeniorCare will coordinate benefit coverage with your existing plan. People enrolled in Medicaid are not eligible for SeniorCare.

What is a copay?

A copay is the amount you pay out of pocket each time you get a covered drug from your pharmacy.

What is a deductible?

A deductible is the amount that members in Levels 2a, 2b, and 3 pay annually for covered drugs at the SeniorCare rate before SeniorCare copays begin. Only covered drugs purchased at the SeniorCare rate will be used to meet the deductible.

What is a SeniorCare rate?

The SeniorCare rate is a discounted rate for most covered drugs. Members who are still paying toward their deductible will pay the SeniorCare rate on covered drugs.

Wisconsin Department of Health Services

What is a spenddown?

A spenddown is the total amount you have to pay for covered drugs before you move to the deductible phase of your enrollment. If you are a SeniorCare member with Level 3 coverage, you are required to meet an annual spenddown. The spenddown amount is shared for a married couple when both are eligible for SeniorCare. Your spenddown is the difference between your gross annual income and 240% of the current federal poverty level (FPL).

Only SeniorCare-covered drugs purchased at the pharmacies' retail price will be used to meet your spenddown. Covered drug costs for the spenddown will be tracked automatically by the SeniorCare program. During the spenddown, there is no discount on drug costs.

Where can I get more information?

- Call the SeniorCare Customer Service hotline at 800-657-2038 (voice) or 711 (TTY).
- Visit the SeniorCare website, www.dhs.wisconsin.gov/seniorcare.

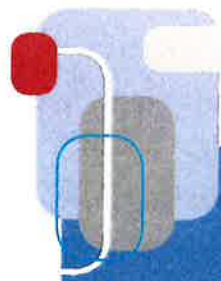| SeniorCare 2019 Annual Income Limits and Out-of-Pocket Expenses by Level of Participation		
	Income Limits	**Out-of-Pocket Expenses**
Level 1	Income at or below 160% of the FPL *Individual*: $19,984 *Couple*: $27,056	• No deductible or spenddown. • $5 copay for each covered generic prescription drug. • $15 copay for each covered brand name prescription drug.
	Income Limits	**Out-of-Pocket Expenses**
Level 2A	Income between 160% and 200% of the FPL *Individual*: $19,985 to $24,980 *Couple*: $27,057 to $33,820	• $500 deductible per person. • Pay the SeniorCare rate for covered drugs until the $500 deductible is met. • After $500 deductible is met, pay a $5 copay for each covered generic prescription drug and a $15 copay for each covered brand name prescription drug.
	Income Limits	**Out-of-Pocket Expenses**
Level 2B	Income between 200% and 240% of the FPL *Individual*: $24,981 to $29,976 *Couple*: $33,821 to $40,584	• $850 deductible per person. • Pay the SeniorCare rate for covered drugs until the $850 deductible is met. • After $850 deductible is met, pay a $5 copay for each covered generic prescription drug and a $15 copay for each covered brand name prescription drug.
	Income Limits	**Out-of-Pocket Expenses**
Level 3	Income more than 240% of the FPL *Individual*: $29,977 or greater *Couple*: $40,585 or greater	• Pay retail price for covered drugs during spenddown. • After the spenddown is met, meet an $850 deductible per person. • Pay the SeniorCare rate for covered drugs until the $850 deductible is met. • After $850 deductible is met, pay a $5 copay for each covered generic prescription drug and a $15 copay for each covered brand name prescription drug.

What is Family Care?

Family Care is an innovative program that provides a full range of long-term care services, all through one flexible benefit program. To understand Family Care, it helps to know what "long-term care" is. Long-term care is any service or support that a person may need as a result of a disability, getting older, or having a chronic illness that limits their ability to do the things that are part of their daily routine. This includes things such as bathing, getting dressed, making meals, going to work, and paying bills.

> *There are a variety of services and supports available in Family Care that can help people to remain independent with their daily activities or to provide supports to help someone complete these tasks.*

How Does Family Care Work?

People Receive Interdisciplinary Care Management.

Sometimes people do not know the exact services that they need, the types of services available, and how to get care and services. Coordinating your own services can be overwhelming. If you participate in a Family Care program, then a team of people come together to help you identify the sort of assistance you might need and work with you to arrange your long-term care services. You are an active participant on the team that also includes, at a minimum, a care manager and a registered nurse. You can choose to include a family member or loved one on your team. Sometimes people choose other professionals, such as a personal care worker, to participate as team members. In Family Care, this team is called an "interdisciplinary team."

People Receive Services to Live in Their Own Home Whenever Possible.

Helping people stay at home is at the heart of the Family Care program. Whether you live in a house, apartment, condominium or mobile home, your Family Care team will work with you so that you can remain in your own home. Most services can be provided at home for many people. If you already reside in an assisted living facility or nursing home that is not affordable for you, then Family Care can help you find another place to live that meets your needs at a more affordable rate. Family Care works with you to find and secure the best living situation.

People Participate in Determining the Services They Receive.

The first step in planning Family Care services is for you to discuss with your team the kind of life you want to live, whether you want to live where you live now or in a different place, and the kind of support you need to live the kind of life you want. This step is called the assessment.

The services that you will receive are then outlined in a care plan. Team members support you in developing your plan by providing information that you need to make informed choices about the care you receive. Your care plan will help you move toward the personal outcomes that you and your team identified in the assessment.

People Choose Service Providers from a Comprehensive Network.

Members of Family Care select their long-term care providers from a provider network. Managed Care Organizations (MCOs), are the agencies that provide the Family Care benefit to people. MCOs are required to have providers for all of the services covered by the program and have enough providers and settings to give members a choice.

You define your outcomes for your life.

People Receive the Services They Need Through One Program.

Sorting through multiple funding programs to determine your possible benefits can be confusing. The good news is that Family Care pays for the long-term care services, individualized for you in your care plan, through one program.

People Receive Services that Best Achieve the Results They Desire.

The success of the Family Care program is measured by your real-life results, or the outcomes that you get from the services you receive. "Quality of Life Outcomes" in Family Care represents important parts of people's lives.

The following statements are the "Quality of Life Outcomes" that the Family Care team strives for when you participate in the program. You define your outcomes for your life. Helping you meet your long-term care needs to achieve your personal outcomes is the goal of Family Care:

- I decide where and with whom I live.
- I make decisions regarding my supports and services.
- I decide how I spend my day.
- I have relationships with family and friends.
- I work or do other things that are important to me.
- I am involved in my community.
- My life is stable.
- I am respected and treated fairly.
- I have privacy.
- I have the best possible health.
- I feel safe.
- I am free from abuse and neglect.

Who made contact (Caller Type):

No. of Calls	Caller Type
272	(Self)
28	11-Legal Decision Maker
26	12-Caregiver
133	13-Relative/Friend/Neighbor/Comm Mbr
79	14-Agency/Service Provider
65	15-ADRC Contacted Consumer/Designee
39	16-ADRC Initiated Collateral Contact
36	99-Other
678	**Total**

Topic Categories discussed during call:

No. of Calls	Topic Category
36	Abuse and Neglect
8	Adaptive Equipment
2	Addictions
18	ADRC Printed Material
30	Alzheimer's and Other Dementia
5	Ancillary Services
1	Animals
50	Assisted Living (AFH, CBRF, RCAC)
9	Budget Assistance
43	Caregiving
4	Complaints (other)
13	Education
10	Employment
9	End of Life
36	Food
16	Health
4	Health Promotion
124	Home Services
32	Housing
103	Income Maintenance
64	Insurance
51	Legal Services
20	MDS Section Q Referrals
4	Medical Home Care
8	Mental Health

5	Non MDS Section Q
21	Nursing Home
5	Other
347	Public Benefits LTC Programs
188	Public Benefits, Other
9	Recreation/Socialization
3	Referral for Evaluation
10	Referral for Financial-Related Needs
5	Referral for Private Pay Options
6	Taxes
20	Transportation
2	Unmet Need – Accessible housing
2	Unmet Need – Assisted Living (AFH, CBRF, RCAC)
1	Unmet Need – Employment
5	Unmet Need – Funding – Long Term Care Services
2	Unmet Need – Home Care
2	Unmet Need – Home Care – Non-Medical
2	Unmet Need – Other
1	Unmet Need – Prescription Drug Assistance
1	Unmet Need – Rent/Mortgage Assistance
1	Unmet Need – Utility Assistance
5	Veterans
23	Youth in Transition
678	**Total**

ADRC Activity:

No. of Calls	ADRC Activity
129	Administrative (Select exclusively.)
32	Attempted Contact (Select exclusively.)
1	Behavioral Mental Health Screen
8	Community Partners (Select exclusively.)
3	Complaints/Advocacy
17	Customer Initiated Follow-up
48	Long-Term Care Functional Screen
46	Provided Assistance with MA Application Process
16	Provided Brief or Short-Term Service Coordination
1	Provided Disenrollment Counseling
20	Provided Enrollment Counseling
58	Provided Follow-up
365	Provided Information & Assistance

58	Provided Options Counseling
7	Referral to ADRC
678	**Total**

Consumer Age Group:

No. of Calls	Consumer Age Group
1	100 - 150
65	17 - 21
161	22 - 59
442	60 - 99
669	**Total**

Referred By:

No. of Calls	Referred By
1	School
1	**Total**

Disability:

No. of Calls	Disability
77	00-Alzheimer's/Irreversible Dementia
82	01-Developmental/Intellectual Disability
414	02-Elderly: Age 60 or Older
63	03-Mental Health
169	04-Physical Disability
7	05-Substance Use
22	06-Unknown (Select exclusively.)
668	**Total**

Monthly Total

No. of Calls	Total Minutes	Month
678	98,507	January, 2019
678	**98507**	**Total**

Who made contact (Caller Type):

No. of Calls	Caller Type
214	(Self)
15	11-Legal Decision Maker
11	12-Caregiver
108	13-Relative/Friend/Neighbor/Comm Mbr
79	14-Agency/Service Provider
53	15-ADRC Contacted Consumer/Designee
23	16-ADRC Initiated Collateral Contact
30	99-Other
533	**Total**

Topic Categories discussed during call:

No. of Calls	Topic Category
29	Abuse and Neglect
4	Adaptive Equipment
7	ADRC Printed Material
15	Alzheimer's and Other Dementia
7	Ancillary Services
52	Assisted Living (AFH, CBRF, RCAC)
5	Budget Assistance
34	Caregiving
2	Community I&R
1	Complaints (other)
13	Education
16	Employment
4	End of Life
30	Food
14	Health
83	Home Services
25	Housing
83	Income Maintenance
50	Insurance
31	Legal Services
19	MDS Section Q Referrals
4	Medical Home Care
20	Mental Health
21	Nursing Home
4	Other

- ADRC calls February 2019

283	Public Benefits LTC Programs
129	Public Benefits, Other
7	Recreation/Socialization
1	Referral for Evaluation
4	Referral for Financial-Related Needs
4	Referral for Private Pay Options
5	Taxes
14	Transportation
3	Unmet Need – Funding – Long Term Care Services
1	Unmet Need – Home Care – Non-Medical
2	Unmet Need – Housing
1	Unmet Need – Other
2	Unmet Need – Prescription Drug Assistance
2	Unmet Need – Rent/Mortgage Assistance
1	Unmet Need – Transportation
3	Veterans
1	Volunteer Opportunities
20	Youth in Transition
529	**Total**

ADRC Activity:

No. of Calls	ADRC Activity
109	Administrative (Select exclusively.)
21	Attempted Contact (Select exclusively.)
5	Community Partners (Select exclusively.)
9	Complaints/Advocacy
9	Customer Initiated Follow-up
52	Long-Term Care Functional Screen
1	Outreach/Marketing (Select exclusively.)
45	Provided Assistance with MA Application Process
10	Provided Brief or Short-Term Service Coordination
2	Provided Disenrollment Counseling
31	Provided Enrollment Counseling
29	Provided Follow-up
300	Provided Information & Assistance
46	Provided Options Counseling
5	Referral to ADRC
530	**Total**

- ADRC calls February 2019

Consumer Age Group:

No. of Calls	Consumer Age Group
1	100 - 150
50	17 - 21
148	22 - 59
326	60 - 99
525	**Total**

Referred By:

No. of Calls	Referred By
1	Other Agency
1	**Total**

Disability:

No. of Calls	Disability
47	00-Alzheimer's/Irreversible Dementia
55	01-Developmental/Intellectual Disability
308	02-Elderly: Age 60 or Older
65	03-Mental Health
167	04-Physical Disability
2	05-Substance Use
20	06-Unknown (Select exclusively.)
526	**Total**

Monthly Total

No. of Calls	Total Minutes	Month
533	126,924	February, 2019
533	**126924**	**Total**

Business Model: Sponsorship

Description:

Health Plans can sponsor a WIHA evidence-based healthy aging program that is available to all community members. WIHA works with Health Plans and Program Providers to provide the programs in specific geographic areas per the direction of the health plan needs. Workshops are offered as usual in the community but have an additional component of health plan participant recruitment (in addition to normal community member recruitment by the program provider) and offer an on-site and marketing visual notifying participants that the workshop is sponsored by the designated health plan. Program Providers will receive compensation from WIHA for the coordination and implementation of the workshop.

Reimbursement amounts: $2,000 per successful workshop completed

Roles and Responsibilities:

Business Partner/Health Plan
- Marketing and recruitment efforts

WIHA
- Negotiations and communications with business partner
- Templates and tools for business partner recruitment
- Notify business partner of workshops scheduled
- Centralized registration process for health plan members
- Send registrants to Program Provider as applicable
- Develop MOU/contract
- Monitor progress from RPP
- Send data reports to business partner

Registered Program Provider
- *Schedule workshop: Arrange for local facilitators, dates, locations (according to health plan preferences)*
- Provide WIHA with the workshop details once scheduled
- *Submit workshop notification forms to WIHA*
- *Coordinate workshop as usual, including normal phone registration process, marketing and recruitment, etc.*
- Take calls/emails from WIHA and add registrant upon notification from WIHA
- Call participants to confirm registration (if registered through WIHA online)
- Make reminder calls to registrant prior to workshop start date
- No charge for these participants to take your workshop as well as NO charge for books/weights.
- Post Health Plan sponsorship sign at workshop (all sessions)
- *Adhere to program fidelity*
- *Complete registration form (and applicable program data forms) and send back to WIHA within one week of workshop end date.*
- (STEPPING ON SPECIFIC) Conduct individual phone call follow-up to each participant one month following completion of workshop (before booster session)
- *(STEPPING ON SPECIFIC) Plan and conduct booster session*
- Submit invoice to WIHA (per MOU)

*Note these (italics) are your normal procedures as with any workshop.
**Blue font is new/special to this SPONSORSHIP process

Advocacy Brief

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New Legislators in 2019-20 State Legislature

Fifteen new legislators joined the legislature for the 2019-20 session (14 in the Assembly and one in the Senate) and three legislators who served in the Assembly last session were elected to serve in the Senate beginning in 2019. The new legislators are:

Senate
*Senator Jeff Smith (D-31)
#Senator Kathy Bernier (R-23)
#Senator Andre Jacque (R-1)
#Senator Dale Kooyenga (R-5)

Assembly
*Rep. Marisabel Cabrera (D-9)
*Barbara Dittrich (R-38)
*Jodi Emerson (D-91)
*Staush Gruszynski (D-90)
*Kalan Haywood (D-16)
*Jesse James (R-68)
*Tony Kurtz (R-50)
*LaKeshia Myers (D-12)
*Loren Oldenburg (R-96)
*Timothy Ramthun (R-59)
*Shae Sortwell (R-2)
*Shelia Stubbs (D-77)
*Robyn Vining (D-14)
*Robert Wittke (R-62)

*New legislator

#Legislator elected to the Senate previously served in the Assembly

Whether your Senator or Assembly Representative is new or returning, serves on the legislature's JFC or any of the other legislative committees, it is important to contact your legislators to make sure they know about issues that are important to you and the older adults and family caregivers in your community. Policy makers will be making many important decisions in the coming months; get to know your legislators and make sure they know you. To confirm who represents you go here.

2019-21 State Budget Process & Update

Wisconsin operates on a biennial budget that includes funding for a two year period, from July of an odd numbered year through June of the next odd-numbered year. The process for the July 1, 2019 - June 30, 2021 budget began last fall when state agencies were required to submit their budget requests to the Governor. The election of a new Governor meant a new administration and new priorities, so the budget process began anew in January 2019. **Governor Evers is scheduled to deliver his budget address** to the Assembly and Senate, highlighting his priorities, **at 7 p.m., on Thursday, February 28, 2019.**

Following the release of the Governor's budget, the budget process moves over to the Legislature. The legislature's Joint Finance Committee (JFC) will conduct a series of budget hearings around the state, so citizens can provide input on the budget. These hearings, as well as other in-district meetings hosted by state legislators, are great opportunities for you and other aging advocates to share the Wisconsin Agency Advocacy Network (WAAN) 2019-2020 Budget and Policy Priorities. Go here to view WAAN's issue briefs (see 2018-2019 WAAN State Issue Papers and Fact Sheets). Stay tuned for more information on the dates, times and locations of upcoming budget hearings.

After gathering information from the budget hearings and other sources, the JFC Committee will prepare its own version of the budget. The budget process requires the state Assembly and Senate to pass the same version of the budget bill before it can move to the Governor's desk to be signed into law (with or without line-item veto changes). The entire budget process is supposed to be finalized by July 1 in time for the start of the new state fiscal year. Time will tell whether this timeline is met.

Press Conference to Reintroduce "Credit for Caring Act" - Tuesday, Feb. 19, 2019

On **Tues., Feb. 19, 2019 at 9 a.m. in the Assembly Parlor at the Wisconsin State Capitol, a bi-partisan group of legislators** - Senators Patrick Testin (Stevens Point) and Bob Wirch (Somers) and Representatives Ken Skowronski (Franklin) and Deb Kolste (Janesville) **will hold a press conference to reintroduce the Credit for Caring Act.** The Credit for Caring Act is a bill (LRB-0768/1) that would create a nonrefundable individual income tax credit (caregiver tax credit) for people caring for a member or members of their family. Caregivers often need to spend their own personal finances to help meet the care needs of a loved one (on average they spend about $7,000/year).

Aging Advocacy Day 2019 Registration Opens Feb. 26th!

Planning for Aging Advocacy Day (AAD) is in full swing! We hope you are busy making plans to attend. Registration for this year's event opens Feb. 26, 2019. On this date, you will find a registration link on WAAN's Aging Advocacy Day webpage - https://gwaar.org/aging-advocacy-day-2019.

Also on the AAD webpage under "Find What You Need" at the bottom of the page, you will find AAD promotional materials, including a variety of ads you can use to promote AAD in your newsletters. Additional materials will be added soon, including newsletter articles for your use.

This year's advocacy day will focus on the following aging network priorities (subject to change): Direct Care Workforce Support, Elder Benefit Specialist Funding, Family Caregiver Support, Healthy Aging Grants, and Transportation.

Registration Opens February 26, 2019

Aging Advocacy Day!

May 14, 2019, Madison, WI

10:00 a.m.* — 3:00 p.m.
Park Hotel, 22 S. Carroll St., Madison and the Wisconsin State Capitol

Join advocates from around the state to help educate state legislators about issues affecting older adults and caregivers in Wisconsin!

No experience necessary; training is provided prior to your meetings with state lawmakers at the State Capitol.

Make a Difference. Let Your Voice Be Heard!

Aging Advocacy Day 2019 activities focus on connecting aging advocates with their legislators to share the WAAN priorities and discuss state policy solutions to improve the health and well-being of the state's older adults.

Registration begins Feb. 26, 2019 at: https://gwaar.org/AgingAdvocacyDay or contact your local aging unit or ADRC. **Registration deadline is April 30, 2019.** #WIAgingAdvocacyDay #WIAAD.

Registration and check-in begin at 9:00 a.m.

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2019-20 State Legislative Session Begins

The Wisconsin State Capitol is once again in full-swing. Jan. 7, 2019 was inauguration day for Governor Evers, Lt. Governor Barnes and other newly elected state government officials, as well as for members of the state **Assembly** and **Senate**. There are many new faces in the halls of the Capitol. New leaders are taking over the executive branch, the legislative branch has legislators leaving the Assembly for the Senate and new legislators are joining both chambers.

Governor Evers has selected Craig Thompson to serve as the Department of Transportation (DOT) secretary. Thompson had been serving as the executive director of the Transportation Development Association of Wisconsin (TDA) and previously was employed as the legislative director for the Wisconsin Counties Association. Andrea Palm was selected by Governor Evers to serve as Department of Health Services (DHS) secretary. Palm served as senior counselor to the Secretary of Health and Human Services under President Obama. She has also held key leadership positions for the U.S. Department of Health and Human Services, U.S. Senator Hillary Clinton and Congressman Robert Matsui, as well as the White House Domestic Policy Council during the implementation and rollout of the Affordable Care Act. The DHS and DOT secretaries and other cabinet appointees will go through a public hearing process and require confirmation from the State Senate.

In the legislature, party leaders have appointed 16 members (8 Assembly/8 Senate) to the legislature's powerful **Joint Finance Committee** (JFC). This committee will begin work soon on the 2019-21 state biennial budget. Other committees will also begin their work soon. Find out what **committees** your legislators are serving on. If you don't already know your state senator and assembly representative, now is a good time to introduce yourself. If you already know your state legislators, please continue to further develop your relationship with them. If you need to confirm who represents you in the state Senate and Assembly go here. On the state legislature's homepage enter your home address in the white box under the heading "Who Are My Legislators?" (right-hand side about a 1/3 of the way down the page). As the new year begins, send a message to your legislators welcoming them back (if they are returning) or congratulating them (if they are new to the office). Let them know you are a resource to them for constituent concerns regarding aging and disability issues. Invite your legislators to see your programs firsthand or to attend an upcoming event you have scheduled. These interactions help your legislators better understand your programs and services and help you get to know your legislators and to discuss shared concerns and priorities.

In the coming weeks the Wisconsin Aging Advocacy Network (WAAN) will be seeking individuals willing to sign up to serve as a contact for their assembly representative and/or senator. Whether your legislator is a member of the Joint Finance Committee (or isn't but has a "buddy" on the JFC) or serves on one of the many committees that will take up legislation impacting older adults, there will be opportunities when a contact from you (phone, email, visit, public hearing, etc.) will be needed! Please consider signing up. Training and talking points will be provided, as needed.

For the first time in nearly a decade, Wisconsin will have a divided government. With a Democratic governor and a Republican legislature, political leaders will need to work across the aisle to advance shared goals. The **Wisconsin Aging Advocacy Network's** priority issues continue to have bipartisan support. Supporting individuals to remain as healthy and independent as possible benefits everyone! Let's work together to improve supports for older adults and caregivers.

116th Congress Now in Session

Late last week, the 116th Congress officially convened. U.S. Senators Tammy Baldwin and Ron Johnson returned to represent Wisconsin. New to Wisconsin's members of the U.S. House of Representatives is Congressman Bryan Steil (Dist. #1). Congressman Steil was elected to serve the district following U.S. Rep. Paul Ryan's retirement. See **Wisconsin-Members-of-Congress-116th** for the latest contact information for our federal legislators.

Partial Government Shutdown & the Federal FY 2019 Budget

A partial federal government shutdown has been in effect since Dec. 22, 2018 and many people are wondering how the shutdown will affect funding for variety of federal programs. The short answer is funding for Older Americans Act and many other aging services programs is not impacted by the partial government shutdown. The 115th Congress passed spending bills funding approximately three-fourths of the government through 2019 prior to the shutdown (Labor-HHS-Ed funding was approved at the end of Sept., 2018). Social Security, Medicaid and Medicare payments also will not be interrupted by the partial shutdown. These three programs are considered *mandatory* (vs. discretionary) spending and are not affected by the budget debate.

The longer answer to the question, however, is that many other agencies, programs and services of importance to older adults and all citizens are impacted by the shutdown. Nine federal departments do not yet have funding approved for FY 2019, including the Department of the Treasury, Department of Agriculture, Homeland Security Department, Department of the Interior, Department of State, Department of Housing and Urban Development, Department of Transportation, Department of Commerce, and Department of Justice. Many agencies were able to find short-term solutions to keep programs and services operating when the shutdown first began, but it is becoming increasing difficult to do so as the days and weeks go by.

Concerns have been raised regarding funding for the Supplemental Nutrition Assistance Program (SNAP) or FoodShare program in Wisconsin and the Commodities Supplemental Food Program (CSFP). These Dept. of Agriculture (USDA) programs are slated to run out of funds if the shutdown goes beyond Feb. The Dept. of Housing and Urban Development (HUD) has set aside funding through February for elderly and disabled housing contracts and Section 8 vouchers; however, HUD is unable to renew expired contracts and landlords for HUD housing were told to access any reserve funds available to help cover expenses, maintenance and building improvements until the government reopens. The shutdown is also affecting air travel, federal courts, and national parks and museums. The shutdown is not expected to have any immediate impacts on existing transit and specialized transportation services or programs. This week, the Trump Administration announced the IRS will be issuing tax refunds despite the government shutdown. As most of the IRS employees responsible for processing returns and providing customer service have been furloughed, there are outstanding questions regarding by whom and how the work will be accomplished.

You're Invited to

Aging Advocacy Day!
May 14, 2019 Madison, WI

Join advocates from around the state to help educate state legislators about issues affecting older adults and caregivers in Wisconsin!

No experience necessary; training is provided prior to your meetings with state lawmakers at the State Capitol.

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Registration begins Feb. 26, 2019 at:
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or contact your local aging unit or ADRC.

Registration deadline is April 30, 2019.
#WIAgingAdvocacyDay #WIAAD